



Patient Case History

Name: Today's Date / /
Address: Home Phone:
City/State/Zip: Cell Phone:
Email: Primary MD:
Referral Source: Doctor Phone Book Newspaper TV Friend Word of Mouth Website Insurance Other
Marital status: Married (spouse name) Single Divorced Separated Widowed Domestic partner
Occupation: (if retired, previous occupation[s])
What made you decide to schedule appointment?
What would you like to accomplish at this visit?
Were you encouraged by anyone to come in today?

HEARING HISTORY

How long have you (or anyone) noticed the difficulties with communication:
Circle any situations where you have experienced difficulties hearing or understanding:

- With friends/family in large groups watching TV children/grandchildren in background noise on the phone meetings/small groups restaurants at work riding in a car in church/synagogue

Have you ever had your hearing evaluated? Yes No If yes, when? Where?
Do you wear hearing aids now? If yes, for how long?
If hearing aids are recommended at this visit, are you ready/prepared to consider amplification? Yes No
Was the problem sudden in nature or gradual? Do your ears HURT? Yes No
Any balance or dizziness issues? No Yes, Explain
Do you have Tinnitus? (ringing or noise in your head) No Yes If yes Which ear Right Left Both
How often do you get the tinnitus? Rarely occasionally frequently constantly
Any history of noise exposure? Military service?
Any family history of hearing loss?

MEDICAL

Mark any conditions you have, or had in the past or take medication for:

- Acid reflux Cholesterol Macular degeneration
Allergies Depression/anxiety Meniere's disease
Alzheimer's/Dementia Diabetes Multiple Sclerosis
Bell's Palsy Fever over 103 Neuralgia
Blood pressure Gout Parkinson's Disease
Bipolar disorder Head trauma Thyroid function
Cancer Radiation/chemo/surgery Heart disease/blood thinner Tremors
Celiac/Irritable Bowel HIV Kidney disease

Do you smoke currently? No Yes, how much?
Have you ever had a STROKE or TIA? No Yes If yes, how did you know?
When was your most RECENT surgery? what was it for?
ANY history of ears, nose or throat surgery?